

Effective Date: October 10, 2006
Revised Dates: November 1, 2006
October 21, 2009
April 13, 2011
October 12, 2011
July 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Fentanyl (Actiq®, Fentora®, Onsolis®, Abstral®, Lazanda®, Subsys®)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Fentanyl (Actiq, Fentora, Onsolis, Abstral, Lazanda, Subsys®)

CRITERIA: (must meet all of the following)

1. Must be prescribed by Oncologist or pain specialists who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.
2. Patient must have a diagnosis of malignant cancer.
3. The prescriber, patient, and pharmacy must be enrolled in the TIRF REMS Access Program for the requested drug.
4. Age restrictions as follows:
 - a. Patient must be at least 16 years old. (Actiq only)
 - b. Patient must be at least 18 years old. (Fentora, Onsolis, Abstral, Lazanda, Subsys®)
5. Patient must already be receiving opioid therapy and considered opioid tolerant (defined as taking at least 60 mg of oral morphine/day, 25mcg transdermal fentanyl/hour, 30mg of oxycodone daily, 8mg of oral hydromorphone daily, at least 25mg oral oxymorphone daily or an equianalgesic dose of another opioid for a week or longer).
6. Actiq, Fentora, Onsolis, Abstral – Quantity limit of 4 units per day (defined as 24 hours).
Lazanda – Quantity Limit of 1 bottle (8 sprays) per day (defined as 24 hours).
Subsys® – Quantity limit of 8 units per day (defined as 24 hours).
7. Special authorization may be granted for periods of dose titration with request by prescribing provider.

Prior Authorization will be approved for 1 (one) year.